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PTO/SB/01 (12-97)

Approved for use through 08/31/00. OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 235/013 US

First Named Inventor Bradford J. Duft

**COMPLETE IF KNOWN**

Application Number /

Filing Date

Group Art Unit

Examiner Name

As I below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHODS FOR TREATING OBESITY**

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) **06/05/1998** as United States Application Number or PCT International

Application Number **10/1598411/53** and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 385(b) of any foreign application(s) for patent or inventor's certificate, or 385(a) of any PCT International application which designated at least one country other than the United States-of-America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
		<input type="checkbox"/>

[Page 1 of 2]

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(July 1998)

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PTO/SB/01 (12-97)

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)
CB/870,762	06/05/1997	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  Customer Number 22249  Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code / Label Here

Name	Registration Number	Name	Registration Number

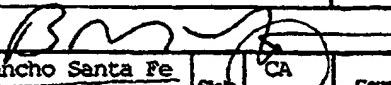
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:  Customer Number or Bar Code Label  OR  Correspondence address below

Name	Bradford J. Duft		
Address	BYON & LYON LLP		
Address	633 West Fifth Street, Suite 4700		
City	Los Angeles,	State	CA
Country	U.S.	Telephone	(858) 552-8400
		Fax	(213) 955-0440

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

A petition has been filed for this unsigned inventor

Given Name (first and middle if any) <u>Bradford J.</u>		Family Name or Surname <u>Duft</u> → Duft	
Inventor's Signature 			Date <u>5 Dec 97</u>
Residence: City <u>Rancho Santa Fe</u>	State <u>CA</u>	Country <u>US</u>	Citizenship <u>US</u>
Post Office Address <u>P.O. Box 1133</u>			
Post Office Address <u>Rancho</u> <u>Santa Fe</u> State <u>CA</u> ZIP <u>92067</u> Country <u>US</u>			

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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PTO/SB/02A (3-97)

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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page 1 of 1
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any)		Family Name or Surname				
Orville G.		Kolterman				
Inventor's Signature	<i>Orville G. Kolterman</i>					Date 12/16/99
Residence: City	Poway	State CA	Country US			Citizenship US
Post Office Address	15793 Hidden Valley Drive					
Post Office Address						
City	Poway	State CA	ZIP 92064	Country US		
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any)		Family Name or Surname				
Inventor's Signature						Date
Residence: City		State	Country			Citizenship
Post Office Address						
Post Office Address						
City		State	ZIP	Country		
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any)		Family Name or Surname				
Inventor's Signature						Date
Residence: City		State	Country			Citizenship
Post Office Address						
Post Office Address						
City		State	ZIP	Country		

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PTO/SB/028 (3-97)

PTO/SB/088 (3-97)

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## **DECLARATION — Supplemental Priority Data Sheet**

Additional foreign applications:					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Additional provisional applications:					
Application Number		Filing Date (MM/DD/YYYY)			
Additional U.S. applications:					
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)		Parent Patent Number <i>(if applicable)</i>	

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